PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE EEE and PURITION EEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless corrects maintenance fee notifica	correspondence includir ed below or directed oth	ig the I ierwise	Patent, advance or in Block 1, by (a	ders and notification a) specifying a new control	of m	paintenance fees woondence address;	rill be and/or	mailed to the current (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
27498 7590 12/08/2010 PILLSBURY WINTHROP SHAW PITTMAN LLP P.O. BOX 10500 MCLEAN, VA 22102										
									(Depositor's name)	
						(Signature)				
									(Date)	
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/589,097	10/589,097 11/09/2007		N. William				058884-0356692 5483		5483	
TITLE OF INVENTION	: FLAT PANEL DISPLA	AY SUI	BSTRATE TESTI	NG SYSTEM						
APPLN. TYPE	SMALL ENTITY IS		SUE FEE DUE	PUBLICATION FEE D	OUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$755	\$300		\$0		\$1055	03/08/2011	
EXAMINER			ART UNIT	CLASS-SUBCLASS	3					
BAHTA, KIDEST			2123	700-098000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A ТО В	E PRINTED ON T	THE PATENT (print o	or typ	e)				
PLEASE NOTE: Unit recordation as set fort (A) NAME OF ASSI	h in 37 CFR 3.11. Comp	fied be letion (low, no assignee of this form is NO	data will appear on th Γ a substitute for filing (B) RESIDENCE: (C	g an a	issignment.			ocument has been filed for	
Multibeam Corporation Santa Clara, CA										
		catego	ries (will not be pr		-		rporati	on or other private gro	up entity 🚨 Government	
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).						
5. Change in Entity Sta	`		•							
	s SMALL ENTITY state				_	_		ΓΙΤΥ status. See 37 CF	R 1.27(g)(2). e assignee or other party in	
interest as shown by the	records of the United Sta	tes Pate	nt and Trademark	Office.	пан и	е аррисан; а теді	stered	attorney or agent; or the	e assignee of other party in	
Authorized Signature /Robert O. Groover III/				Date 14 March 2011						
Typed or printed name Robert Groover				Registration No. 30059						
This collection of inform an application. Confiden submitting the complete	ation is required by 37 C tiality is governed by 35 d application form to the	FR 1.3 U.S.C. USPT	11. The information 122 and 37 CFR O. Time will vary	on is required to obtain 1.14. This collection is depending upon the i	n or re is esti indivi	etain a benefit by the mated to take 12 redual case. Any co	ne pub ninutes mment	lic which is to file (and s to complete, including s on the amount of tin	by the USPTO to process) g gathering, preparing, and ne you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.